



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE

4126 Technology Way, Suite 100
Carson City, Nevada 89706
<http://dhhs.nv.gov>

The Contingency Account for Victims of Human Trafficking (VHT)

Emergency Services Request Form

Submit to GMU@dhhs.nv.gov

Date: 1/14/2020

Agency Requesting Funds: The Cupcake Girls

Agency Contact: Jenny Fay

Phone: 702-524-6430 Email: jenny.fay@thecupcakegirls.org

Mailing Address: 3110 S. Valley View, suite 201

Las Vegas, NV 89102

Client Information

Client Identification Code: 0008
(please do not use client name or social security number)

Client's Location
County: Clark City: Las Vegas

Age: 40's Gender: Female

- Hispanic, Latino or Spanish Origin
- Not Hispanic, Latino or Spanish
- White
- Black African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Multi-race (two or more of the above)

Description and Justification of Client Need (e.g., emergency housing, transportation, medical care):

Dental Care – cleaning, X-rays, exam, perio scale/root, partial-flexible base

Amount Requested: \$1278.60 _____

For Department Use Only

_____ Denied Approved Amount \$ _____

Make Check Payable to: _____

Grants Management Unit Authorization

Signature Date

DHHS Director Authorization (or Director's Designee)

Signature Date

Check Issued: (date and check number)